

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532062

FILING DATE

APPLICANT

CLAIMS

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		1			
3		2			
4		2			
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43	1		1		
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49					
50					
TOTAL IND.		2			
TOTAL DEP.		41			
TOTAL CLAIMS		43			

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					